



HHRAA

Highlights

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Health and Human Resources Analysis for Africa (HHRAA) Project
USAID, Bureau for Africa, Office of Sustainable Development

New Strategies Needed for Urban Family Planning

Introduction

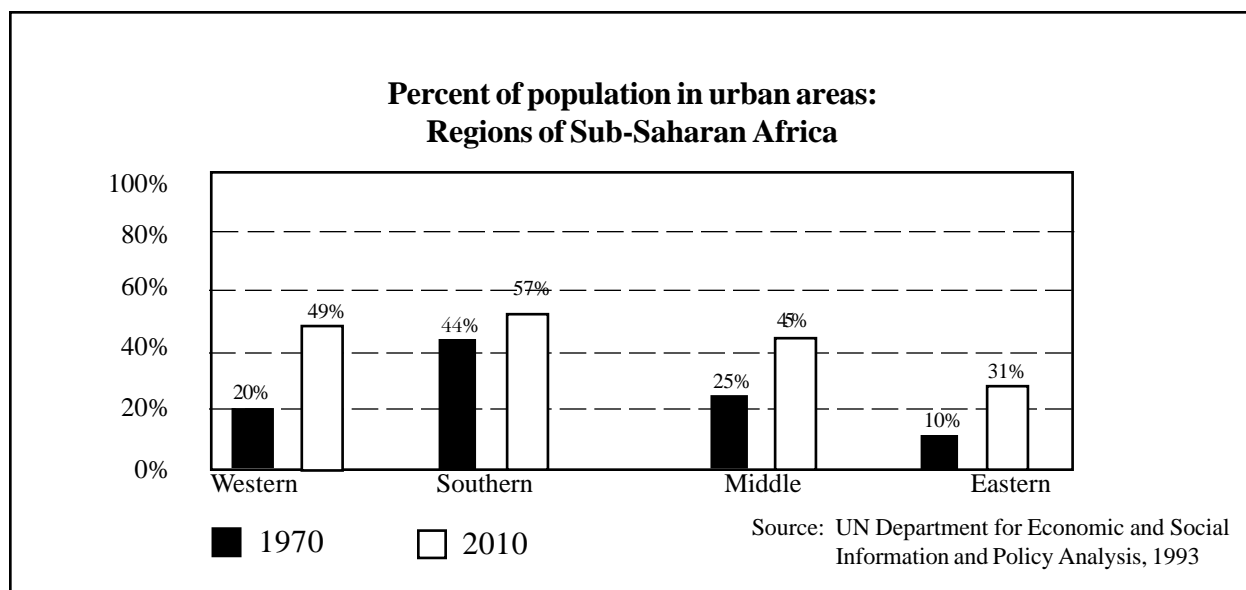
Africa is rapidly urbanizing, and United Nations projections put Africa's urban population at 400 million in 2005 and expect it to double by 2025. Contrary to common perceptions, urban dwellers may be as disadvantaged in terms of health care services, if not more so, than rural populations. The most vulnerable are the poor, especially women and children. In addition to infectious diseases that one commonly associates with rural areas, the urban poor face health problems that tend to be more associated with developed countries: pollutants, accidents, cancer, substance abuse and violence. The urban poor also often possess inadequate information about health services and access to such services, or too few resources to take advantage of them.

As part of its analysis agenda, the Africa Bureau's HHRAA Project initiated a study to examine how urban family planning programs could increase their service delivery capacity while improving the quality of services to meet the growing volume of clients generated both by natural increase and immigration.

Decades of focusing development assistance on unserved and underserved rural areas has limited the attention given to urban infrastructure to keep pace with rapid urbanization. Based on the assumption that most urban family planning service delivery systems are overwhelmed and not equipped to satisfy the potential demand for contraceptive services, this study examined the availability and quality of family planning and health service delivery in urban areas and established mechanisms for municipalities to plan for their future needs.

The Centre for African Family Studies (CAFS) was contracted to collect and analyze data from three cities: Bulawayo, Zimbabwe; Blantyre, Malawi; and Mombasa, Kenya. A seminar was held in each city to disseminate the study findings. A regional workshop was convened in March 1995 to share the cities' experiences and to develop a common agenda and vision for the future.





Key Research Findings

1. **Maintaining current contraceptive** prevalence levels will severely strain existing services as urban populations grow. Current capacities will have to be augmented if contraceptive prevalence levels¹ are to be maintained or increased.
2. **Untapped potential exists** for increasing current capacity through the large private sector (including pharmacies) and through community-based distribution, which have not been fully engaged in urban areas.
3. **Current urban method mixes**, heavy in resupply methods, will increase the future service delivery burden dramatically. New facilities and staff capabilities for providing long-term methods, including Norplant®, will have to be developed if prevalence levels above 40% are to be achieved.
4. **The quality of urban family planning services** is in some respects acceptable. This is good and came as a welcome surprise. Nevertheless, imminent increases in demand dictate the following recommendations: increased information given to FP clients, increased history-taking and examination of new clients, improved waste disposal facilities, access to laboratories, increased production and use of IEC materials. In addition, provider training and provider supervision need improvement.
5. **Women are already paying** for family planning services and many of those who are not report that they would be willing to do so if required. This important information should encourage municipalities to consider cost-recovery measures.
6. **Attitudes and practices** around integrating STD/HIV management with family planning services was examined. The study found in all three cities that most service delivery providers already offer STD services, and most providers favor integration. However,

¹Contraceptive prevalence refers to the percentage of women of reproductive age who at a point in time, are using modern contraception.

little integration has actually taken place, and there are serious barriers against doing so, mainly a shortage of facilities and equipment, inadequate staff training, and a public stigma against integration.

Major Results

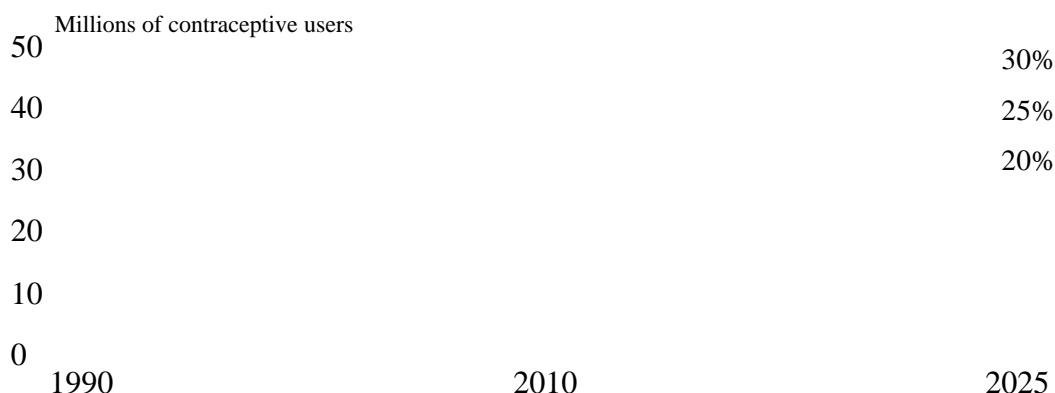
The results of the Urban Study affect not only the three cities involved but influence other cities in sub-Saharan Africa by strengthening regional institutions, encouraging donors to increase resource allocation for urban family planning and the development of tools.

- ◆ Using local African resources strengthened the capacity of the local organization to conduct research and was successful because the African researchers understood the structure of the culture and had extensive experience working in the region.
- ◆ The urban initiative has stimulated greater South-to-South cooperation between cities

and nations. Sharing experiences and expertise within and among countries strengthens institutional capacity and increases the possibilities for further cooperation while reducing the need for outside technical assistance. As donor funding continues to shrink, South-to-South exchanges will become increasingly significant.

- ◆ USAID/Zimbabwe allocated \$1 million for urban family planning services based on the study findings.
- ◆ USAID/Zambia has approved a modified urban assessment which is being conducted in Lusaka with assistance from the Bulawayo municipality that conducted an urban assessment during the study.
- ◆ REDSO/ESA, USAID's regional office for East and Southern Africa has endorsed the urban initiative and plans to develop a regional strategy to support and allocate resources for future urban activities in the region.

Contraceptive users needed to achieve 20%, 25%, & 30% CPR Urban Sub-Saharan Africa



This table estimates the number of contraceptive users required to achieve various urban contraceptive prevalence rates (CPRs) through the first quarter of the next century. The average CPR in sub-Saharan Africa in 1990 was 20 percent.

- ❖ USAID's Asia Bureau's new regional activity includes urban programming as an emphasis area.
- ❖ The Client Contact Estimator (CCE) is tool that estimates the number of client contacts an urban family planning program will have to support in the future. Designed as a simple computer program, the CCE uses the current contraceptive prevalence rate (CPR) and method mix, and calculates future client loads through both automatic and user-directed projections.

For more information about the Client Contact Estimator or the Urban Study report contact:

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The Africa Bureau in FY 1997 will continue to support further development of urban initiatives in cooperation with REDSO/ESA and the SEATS Project. USAID missions wishing to explore participation in the urban initiative should contact either Nancy P. Harris at SEATS, Melinda Wilson in REDSO/ESA or Lenni Kangas in AFR/SD, USAID, Washington.